

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 03-19	2. STATE Oregon
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
4. PROPOSED EFFECTIVE DATE October 1, 2003	

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

RECEIVED

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.726(c)(3)(iii)	7. FEDERAL BUDGET IMPACT: a. FFY \$ -0- b. FFY \$ -0-
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Page 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, Page 5

10. SUBJECT OF AMENDMENT:
This transmittal is being submitted to change the income rules cited in 42 CFR 435.726(c)(3)(iii) as the state no longer covers individuals under the Medically Needy option.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Per Attachment 7.3A

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Lynn Read</i>	16. RETURN TO: Office of Medical Assistance Programs Department of Human Services 500 Summer Street NE, 3 rd Floor, E35 Salem, OR 97301 ATTN: Carole Van Eck
13. TYPED NAME: Lynn Read Jean Thorne	
14. TITLE: Administrator, OMAP Director, DHS	
15. DATE SUBMITTED: 10-30-03	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: NOV - 3 2003	18. DATE APPROVED: JAN 13 2004
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT - 1 2003	20. SIGNATURE OF REGIONAL OFFICIAL: <i>151</i>
21. TYPED NAME: Karen S. O'Connor	22. TITLE: Associate Regional Administrator

23. REMARKS:
10/30 Salem
Oregon (03-19)
Approved: 01/13/04
Effective: 10/01/03

Revision: HCFA-PM-97-2
December 1997

Transmittal #03-19
ATTACHMENT 2.6-A
Page 5
OMB No.: 0938-0673

State OREGON

Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none">• AFDC level; or• Medically need level: <p>(Check one)</p> <p><input checked="" type="checkbox"/> AFDC levels in Supplement 1 <input type="checkbox"/> Medically needy level in Supplement 1 <input type="checkbox"/> Other: \$</p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, are not subject to payment by a third party.</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A</u>.)</p>
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (the applicable amount is shown on page 5a.)</p>

TN No: 03-19
Supersedes TN No. 98-05

Approval Date **JAN 13 2004** Effective Date 10/1/03